



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**APPLICATION FOR ELECTRICAL CONTRACTOR LICENSE**

OFFICE OF STATEWIDE ELECTRICAL CONTRACTORS  
P.O. BOX 1335, 3605 MISSOURI BOULEVARD  
JEFFERSON CITY, MISSOURI 65102-1335  
TELEPHONE: (573) 522-3280 TTY (800) 735-2966  
EMAIL: osec@pr.mo.gov  
WEBSITE: pr.mo.gov/electricalcontractors

FEE RCVD	CHECK MO/NUMBER	DATE DEPOSITED	PRE-LICENSE NUMBER	LIC APP BY	LICENSE NO	LICENSE DATE	INITIALS

**APPLICANT INSTRUCTIONS (PLEASE TYPE OR PRINT)**

Complete each section by providing complete details. SEE APPLICATION INSTRUCTIONS FOR ADDITIONAL CLARIFYING INFORMATION AND REQUIRED DOCUMENTATION. Incomplete information could delay the processing of your application. If additional space is necessary to provide a response, submit a separate document.

The completed application must be submitted along with the appropriate fee consisting of a check or money order made payable to **Office of Statewide Electrical Contractors. ALL FEES ARE NON-REFUNDABLE.**

**SECTION 1 - APPLICANT DATA**

HAVE YOU PREVIOUSLY APPLIED FOR OR HELD AN ELECTRICAL CONTRACTOR LICENSE ISSUED BY THE STATE OF MISSOURI?

☐ Yes ☐ No If yes, attach explanation.

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	MAIDEN NAME

PREVIOUS NAME(S) (IF ANY)	SOCIAL SECURITY NUMBER (REQUIRED)*	DATE OF BIRTH (MM/DD/YYYY)

MAILING ADDRESS (STREET, CITY, STATE, ZIP) - ADDRESS YOU WISH TO HAVE CORRESPONDENCE SENT AND ALSO TO BE PRINTED ON YOUR LICENSE/PUBLIC

TELEPHONE NUMBER-HOME	TELEPHONE NUMBER-CELL	TELEPHONE NUMBER-WORK	FAX NUMBER	E-MAIL ADDRESS (PLEASE PRINT)

ARE YOU A U.S. CITIZEN OR OTHERWISE ELIGIBLE AND AUTHORIZED TO WORK IN U.S.?

☐ Yes ☐ No (If no, attach copy of evidence of legal resident alien status)

**SECTION 2 - EXPERIENCE/EDUCATION - (Please check only one of the following to be considered to fulfill application requirements.)**

If additional space is needed please attach sheets as necessary.

Documentation of experience may be submitted in formats provided for in 20 CSR 2117-2.010 (3) or by using the optional Work Experience Summary form. Documentation of licenses, official transcripts and journeyman certificates should be submitted as applicable.

- ☐ I have held an electrical contractor or master electrician occupational or business license issued by a Missouri political subdivision for six (6) of the previous eight (8) calendar years that requires passing a standardized written electrical assessment examination as an electrical contractor or master electrician based upon the National Electrical Code and that license is current, active and is not subject to discipline as of the date of this application.
- ☐ I have twelve thousand (12,000) verifiable practical hours installing equipment and associated wiring.
- ☐ I have a journeyman certificate from a United States Department of Labor-approved electrical apprenticeship program and have ten thousand (10,000) verifiable practical hours installing equipment and associated wiring.
- ☐ I have an associate's degree and eight thousand (8,000) verifiable practical hours installing equipment and associated wiring.

HIGHER EDUCATION SCHOOL/ PROGRAM NAME	CITY/STATE	COURSE/ PROGRAM	DEGREE/MAJOR AWARDED	DATE OF DEGREE (MO/YR)

- ☐ I have a four (4) year electrical engineering degree and four thousand (4,000) verifiable practical hours supervising the installation of equipment and associated wiring.

HIGHER EDUCATION SCHOOL/ PROGRAM NAME	CITY/STATE	DEGREE/MAJOR AWARDED	DATE OF DEGREE (MO/YR)

**SECTION 3 - EXAMINATION**

- ☐ I have passed an electrical assessment examination as outlined in Section 324.920 RSMo. (Provide supporting documentation.)
- ☐ I have not passed an electrical assessment examination as outlined in Section 324.920 RSMo.

**SECTION 4 - LIABILITY INSURANCE - Provide supporting documentation in the form a certificate of insurance issued by insurance company**

- ☐ I have proof of liability insurance in the amount of \$500,000.

**SECTION 5 - BONDING**

- ☐ I will post a bond with each political subdivision in which I will perform work, as required by that political subdivision.

**SECTION 6 - QUALIFIER DATA**

The following employer, at which I currently or will serve at a supervisory level, has named me its qualifier: (Please type or print clearly)

EMPLOYER NAME	JOB TITLE	
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP)		
NAME OF SUPERVISOR	EMPLOYER EMAIL ADDRESS	EMPLOYER TELEPHONE NUMBER

**SECTION 7 - SCREENING QUESTIONS**

**IMPORTANT: EXPLANATIONS REQUIRED IN RESPONSE TO THE FOLLOWING QUESTIONS MUST BE ON A SEPARATE SHEET, SIGNED BY YOU AND DATED**

	YES	NO
1. Have you ever held a business license or occupational license that has been denied or disciplined (for example: probated, suspended, revoked)? <b>If yes, explain fully in a statement, include the type of license, license number, dates, type of action taken and provide any relevant documents.</b>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any court entered judgment against you or any company for which you were a principal or the qualifier for breach of contract, negligence, fraud or other action related to work as an electrician or electrical contractor? <b>If yes, explain fully in a statement and provide certified court documents (ie: judgement).</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been arrested, charged with any violation of any federal, state or municipal law, ordinance or rule whether or not sentence was imposed (includes suspended imposition of sentence (SIS)). <b>If yes, attach a full explanation and provide certified court documents (ie: Docket Sheet, Complaint, and Final Disposition).</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere of a violation of any federal, state or municipal law, ordinance or rule, whether or not sentence was imposed (includes suspended imposition of sentence (SIS)). <b>If yes, explain fully in a statement and provide certified court documents (ie: Docket Sheet, Information or Indictment and Final Disposition).</b>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been adjudged mentally incompetent by a state or federal court? <b>If yes, attach a full explanation and provide certified court documents (ie: Docket Sheet, Complaint, and Final Disposition).</b>	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to Section 324.010 RSMo:

- ☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

***False statements are subject to criminal penalties and/or license discipline.***

**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).**

**SECTION 8 - APPLICATION INFORMATION RELEASE AUTHORIZATION - OPTIONAL**

I hereby authorize the Office of Statewide Electrical Contractors, its director or designee, to release and/or discuss information contained in my application for licensure in the State of Missouri to the following individual/s, other than myself. (If name is not listed we will not speak to anyone not authorized by law about your file.)

NAME OF INDIVIDUAL WITH WHOM THE OFFICE IS AUTHORIZED TO DISCUSS YOUR FILE

NAME OF INDIVIDUAL WITH WHOM THE OFFICE IS AUTHORIZED TO DISCUSS YOUR FILE

**SECTION 9 - APPLICANT ATTESTATION**

I, the below applicant, am aware that all documents needed for licensure must be received in the division before my license can be issued. I am also aware it is my obligation to keep the division informed of my current name and designation of where mail is to be received. I certify that I am the person who is referred to in the foregoing application; that the statements and any attachments therein are true and accurate in every respect to the best of my knowledge and belief; and that I have complied with all requirements of law.

I understand the application fee is non-refundable and that the division may require further information or evidence that it deems reasonable and proper in approving this application. Furthermore, I voluntarily consent to a thorough investigation for the purpose of verifying my qualifications. I realize that I am making this affidavit knowingly and that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.

I authorize release of information to the public relating to the employer entities which I register as the qualifier and authorize the division to communicate with those employer entities regarding my license or application.

APPLICANT SIGNATURE

DATE

**\* Social Security Number Disclosure Notice****You must provide your social security number pursuant to state and federal law.**

Pursuant to 324.024, RSMo, disclosure of your social security number (SSN) is mandatory. The division will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the division to disclose your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power. The division can also disclose your SSN to another governmental agency (federal, state or local) and to a private person or entity acting on behalf of, or in conjunction with, a state entity. State law requires the division to provide your SSN to child support and tax compliance officials. **If you fail or refuse to provide your social security number, we will consider your initial application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.**

**QUICK APPLICATION CHECK LIST**

Applications can be submitted as a packet with all required information or in increments as documentation is available. If incrementally, the office will communicate with the applicant regarding outstanding items once the application is reviewed.

To facilitate submission, below is a checklist of items needed to complete an application (please review the application instructions for additional/specific information relating to each item):

- ☐ Completed application
- ☐ License fee
- ☐ Proof of education and/or experience
- ☐ Proof of passing an approved examination
- ☐ Certificate of liability insurance of at least \$500,000